

PROOF OF RESIDENCY IS REQUIRED  
EACH TIME YOU REGISTER FOR A  
SPORT OR ACTIVITY.

# Registration Form

**REMEMBER:  
APPLY MULTIPLE  
CHILD DISCOUNT  
TO FEES, IF  
APPROPRIATE.**

**Participant Information:** *Please print in ink and fill out completely*

Parent/Guardian's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone/Beeper \_\_\_\_\_

Address \_\_\_\_\_ Apt.#: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Guardian's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone/Beeper \_\_\_\_\_

Address \_\_\_\_\_ Apt.#: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant's First & Last Name	Participant's Birth date	Current Grade	Age	Sex	Program #	Program	Fee

**Emergency Contact:** *(other than parent or guardian)*

*To be contacted if parent or guardian listed above cannot be reached.*

Emergency Contact \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone/Beeper \_\_\_\_\_

List any allergies or medications (specify which child): \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ Date \_\_\_\_\_

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_ Auth # \_\_\_\_\_

**Signature as it appears on the card** \_\_\_\_\_

I agree to pay the above amounts listed as credit card charges according to credit card user agreements.

**Release** I hereby release and agree to indemnify and hold harmless the City of Sunrise, the City of Sunrise Department of Leisure Services and any official or volunteer of the City of Sunrise against all claims resulting from participation in this class or program, with my knowledge that by participating in this activity I/we assume risk of injury. I also give permission to the City of Sunrise to use and display any photographs taken of me/my child, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of Sunrise. I also hereby give permission in my absence for my son/daughter to receive any necessary medical treatment for injury or sickness outpatient care and/or in-hospital treatment.

**REFUND POLICY:** No refunds after 6 months from the start of program/activity. Refunds may be pro-rated. No refunds if participation is 50% or more prior to cancellation/refund request. Cancellation and/or refund requests must be submitted in writing to Leisure Services.